

West Virginia Board of Medicine

MEDICAL CORPORATION BIENNIAL RENEWAL /1/2007 – /1/2009

(Please type or print changes, corrections or additions)

Certificate of Authorization Number:

Date Issued:

Corporation Name:

Name Changed To: _____ Date: _____

Trade Name Added: _____ Date: _____

Note: If name change or new trade name is filed, certificate from Secretary of State must be attached.

Main Office Address:

Change To: _____
Street Address (not just P O Box)

City State Zip County

Telephone:

Fax:

E-mail:

New Tel: _____ New Fax: _____ New E-mail: _____

FEIN:

Add or Correct FEIN: _____

Corporation Members (All must be MD's or DPM's)

Name:

WV Lic # _____

Check Current Status in Corporation:

Active ☐ Terminated ☐

Signature: _____

End Date: _____

Name:

WV Lic # _____

Check Current Status in Corporation:

Active ☐ Terminated ☐

Signature: _____

End Date: _____

(Add additional members on the reverse of this form.)

President MD/DPM Secretary MD/DPM

President's Signature

Send \$250 fee with completed renewal form to:

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
304.558.2921

BOARD USE ONLY